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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

TITLE: IMPROVED PERITONEAL DIALYSIS  
CATHETER

INVENTOR: JOHN NAVIS

1                                    CITATION TO PRIOR APPLICATION

2            This is a continuation-in-part application with respect  
3 to U.S. Application, Serial No. 09/811,340 filed March 16,  
4 2001, from which priority is claimed pursuant to 35 U.S.C.  
5 120.

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7                                    BACKGROUND OF THE INVENTION

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9        1.    Field of The Invention

10           The present invention relates to medical catheters and to  
11 peritoneal dialysis catheters in particular.

12  
13        2.    Background Information

14           The foldable peritoneal dialysis catheter as disclosed in  
15 U.S. patent No. 5,322,519 ("the Ash catheter") represented a  
16 substantial advance in peritoneal catheter design and  
17 technology. However, the design of the ash catheter leaves  
18 certain characteristics of the ideal peritoneal dialysis  
19 catheter lacking.

20           The only feasible embodiments of the Ash catheter  
21 invention are those designed for inflow or outflow, but not  
22 both.        Ash does teach the basic concept of a peritoneal  
23 dialysis catheter for continuous use (Column 4, lines 54 et

1 seq.), in other words, one which includes separate conduits  
2 for simultaneous inflow and outflow. However, Ash fails to  
3 provide an actual, workable design.

4 Ash's Fig. 4 depicts a proposed design for a continuous  
5 use peritoneal catheter, but one which simply cannot be made  
6 when existing technology is applied to the silicone material  
7 from which such catheters must be made. For example, Ash's  
8 septum 128 must, in order to be operative, form a fluid seal  
9 with the inner wall of housing 122. Even if this were  
10 possible to achieve in the manufacturing process (which  
11 experts in the silicone extrusion and manufacturing industry  
12 indicate it is not), the resulting catheter would be too rigid  
13 (because of the added rigidity of such 128) to be suitable for  
14 implantation. In addition, the T-configuration shown for this  
15 embodiment would, in actual application, cause accumulation of  
16 biological debris (and ultimately clogging) at the 90 degree  
17 bends in the conduits. In addition the "double D" cross  
18 section configuration proposed by the Ash patent further  
19 precludes necessary catheter function. Such a cross section  
20 will occlude due to fiber at the 90 degree joint of the "T"  
21 junction.

22 Ash's alternative continuous dialysis catheter design  
23 (shown in Ash's Fig. 8) is also a non-viable design

1 suggestion. Merely conjoining two parallel conduits (Ash's  
2 "plenum chambers" 146 and 148) creates a cross-sectional  
3 footprint (other than substantially circular) which is not  
4 suitable for passage through, and long-term residence in the  
5 abdominal wall because of increased propensity for leakage,  
6 bacterial invasion, etc.

7 It would well serve those who administer and those who  
8 receive peritoneal dialysis to provide a viable design for a  
9 continuous use peritoneal dialysis catheter -- one which  
10 provides all the benefits of the viable embodiments of the Ash  
11 single direction flow catheter, but goes farther in satisfying  
12 the remaining, unfulfilled objectives for an Ash-like catheter  
13 for continuous dialysis use.  
14



1           In satisfaction of these and related objects, the present  
2 invention provides an improved peritoneal dialysis catheter  
3 which, because of seemingly minor, but highly significant  
4 modifications from prior art designs, is unique in its  
5 manufacturerability and its capacity to serve as a continuous  
6 use peritoneal dialysis catheter without undue patient  
7 complications.

8           The peritoneal dialysis catheter design of the present  
9 invention, in the preferred embodiments, utilizes linearly  
10 mated conduits for that portion of the catheter which passes  
11 through the patient's abdominal wall (the trans-abdominal  
12 segment) and which cooperatively defines a substantially  
13 circular cross-sectional footprint. This feature provides the  
14 optimum cross-sectional footprint for lessening the likelihood  
15 of leakage and infection. Also, the present design avoids  
16 using a T-joint configuration as the transition from the  
17 trans-abdominal wall segment of the catheter to the peripheral  
18 fluid transport branches which reside within a patient's  
19 abdomen -- such a T-joint configuration creating a propensity  
20 for clogging near the angular conduit deviations, as well as  
21 creating excessive bulk which impedes implantation.

22           The design of the present invention utilizes a J-joint  
23 configuration for at least one of the two intra abdominal

1 branches of the present catheter at the transition from the  
2 trans-abdominal wall segment to the peripheral fluid transport  
3 branches. In this embodiment, the fluids follow a radial  
4 path as opposed to traversing a 90 degree bend; as such, fiber  
5 build-up or occlusion is avoided.

6 Further, the design of the present invention, because of  
7 the nested conduit design which lacks a septum as taught by  
8 Ash, is capable of actual manufacture, allows for the  
9 aforementioned circular cross-section for the trans-abdominal  
10 wall segment, and permits the transition from the trans-  
11 abdominal wall segment to the fluid transport branches of the  
12 catheter to proceed along a non-angular path.

#### 13 BRIEF DESCRIPTION OF THE DRAWINGS

14  
15 Fig. 1 is an elevational view of a preferred embodiment  
16 of the peritoneal dialysis catheter of the present invention.

17 Fig. 2 is an elevational cross-section view of the  
18 catheter of Fig. 1 along line C - C of Fig. 1.

19 Fig. 3 is an elevational cross-section view of input  
20 conduit 12 shown along line A - A of Fig. 1.

21 Fig. 4 is an elevational cross-section view of output  
22 conduit 14 shown along line B - B of Fig. 1.

1           Fig. 5 is an elevational cross-section view of fluid  
2 transport branch 22 along line E - E of Fig. 1.

3           Fig. 6 is an elevational cross-section view of fluid  
4 transport branch 24 along line F - F of Fig. 1.

5           Fig. 7 is an elevational, partially cut away view of the  
6 juncture between input conduit 12 and fluid transport branch  
7 22 bounded by juncture sleeve 28.

8           Fig. 8 is an elevational cross-section view of Fig. 7  
9 along line J - J.

10          Fig. 9 is a cross-section view of Fig. 7 along line K -  
11 K.

12                   DETAILED DESCRIPTION OF THE PREFERRED EMBODIMENT

13          Referring to Figure 1, a peritoneal catheter of the  
14 present invention is identified generally by the reference  
15 numeral 10. Peritoneal catheter 10 comprises, generally, an  
16 inflow conduit 12 and an outflow conduit 14.

17          In the embodiment shown in Figure 1, at a proximal  
18 divergence point 16, proximal from which is proximal segments  
19 21 and 23, inflow conduit 12 and outflow conduit 14 are not  
20 attached and extend to respective sources of fluids to be  
21 infused or receptacles for fluids expelled in the peritoneal  
22 dialysis process. In another embodiment, equally as good but  
23 not shown in the figures, inflow conduit 12 and outflow



1 conduit 14 remain bonded proximal from divergence point 16.  
2 At a distal divergence point 18, distal from which is distal  
3 segments 25 and 27, inflow conduit 12 and outflow conduit 14  
4 diverge as they respectively extend toward junctures with  
5 fluid transport branches 22 and 24.

6 In the shown embodiment Figure 1, between proximal  
7 divergence point 16 and distal divergence point 18 is a trans-  
8 abdominal segment 20 of catheter 10. The trans-abdominal  
9 segment 20 of catheter 10 is a length throughout which inflow  
10 conduit 12 and outflow conduit 14 are conjoined.

11 Referring principally to Figures 2, 3, and 4, the  
12 respective cross-sectional shapes of inflow conduit 12 and  
13 outflow conduit 14, while they may vary from that shown in the  
14 preferred embodiment, should, when mated along the length of  
15 trans-abdominal segment 20 or proximal segments 21 and 23,  
16 cooperatively define a substantially circular cross-section  
17 for both conduits 12 and 14 together. As depicted in Figures  
18 2, 3 and 4, this may be achieved by using cross sectional  
19 shapes for inflow conduit 12 and outflow conduit 14 whereby  
20 the former is nested within an elongate trough 26 which is  
21 formed along the length of the latter (or vice versa).

22 Using existing technology in the silicon extrusion field,  
23 inflow conduit 12 and outflow conduit 14 are separately

1 extruded in their desired cross-sectional shapes and then  
2 bonded along their lengths as correspond to the trans-  
3 abdominal segment 20 or the proximal segments 21 and 23 of  
4 catheter 10. Lengths of inflow conduit 12 and outflow conduit  
5 14 distal to the boundaries of the trans-abdominal segment 20  
6 are simply left not bonded.

7 Because inflow conduit 12 and outflow conduit 14 are  
8 wholly separate structures which are merely bonded along the  
9 length over which they must cooperatively define an acceptable  
10 cross-sectional shape for the entire catheter 10, there is no  
11 need whatsoever for a component which corresponds to T-joint  
12 as is used in the Ash catheter and which would introduce the  
13 aforementioned problems associated with using such a component  
14 and create an undesirably angular path to be followed in the  
15 transition from a trans-abdominal segment 20 to the converging  
16 fluid transport branches 22 and 24.

17 As such, the preferred embodiment employs a J  
18 configuration thereby allowing fluids to follow a  
19 substantially radial path in the transition from a trans-  
20 abdominal segment 20 to the converging fluid transport  
21 branches 22 and 24.

22 Figures 5 and 6 depict exemplary cross-sectional  
23 structures for fluid transport branches 22 and 24 such that

1 fluid transport branches 22 and 24 fall within the definition  
2 of fluted catheter segments as are known to be highly  
3 beneficial and avoiding omentum occlusion after implantation.  
4 While the cross sectional configuration depicted in Fig. 5 for  
5 fluid transport branches 22 and 24 is a very good, if not the  
6 preferred configuration, such is only one of many fluted  
7 catheter segment configurations which may be incorporated into  
8 any embodiment of the present invention, the specific  
9 configuration of the fluted segments not being a critical  
10 element of the present invention.

11 Referring principally to Figures 1, 7, 8, and 9, distally  
12 of distal divergence point 18 inflow conduit 12 and outflow  
13 conduit 14 each are mated with their respective fluid  
14 transport branches 22 and 24 for use of juncture sleeves 28.  
15 Variations of this juncture scheme to accommodate differing  
16 geometries for the inflow or outflow conduits, as well as for  
17 the fluid transport branches, will be apparent to persons  
18 skilled in the art. In any event, however, the juxtaposition  
19 of conduits 12 or 14 and fluid transfer branches 22 or 24 will  
20 result in substantially a coaxial arrangement whereby no  
21 angular deviation from either conduit and its respective fluid  
22 transport branch.

1           Implantation of catheter 10 of the present invention is  
2 ideally achieved through the same methodology taught by Ash  
3 beginning in column 5, line 27 and ending at Column 6, line 8,  
4 which portion of said patent (U.S. patent No. 5,322,519) is  
5 incorporated herein by reference.

6           Although the invention has been described with reference  
7 to specific embodiments, this description is not meant to be  
8 construed in a limited sense. Various modifications of the  
9 disclosed embodiments, as well as alternative embodiments of  
10 the inventions will become apparent to persons skilled in the  
11 art upon the reference to the description of the invention.  
12 It is, therefore, contemplated that the appended claims will  
13 cover such modifications that fall within the scope of the  
14 invention.